SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 54500OF 60408 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Progressive Turnout Project** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tompkins, Kristine, , , Date of Receipt Mailing Address PO Box 29290 2020 City Zip Code State Transaction ID: VR05R10EDJ89 CA San Francisco 94129-0290 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Patagonia Works Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Actblue Date of Receipt Mailing Address 366 Summer St 2020 City State Zip Code Transaction ID: VR05R10EDJ89E MA Somerville 02144-3132 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) ▼ 4578376.50 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Harvey, Florence, , , Date of Receipt Mailing Address 3808 Beach Dr SW 24 2020 City Zip Code State Transaction ID: VR05R10EEA89 WA Seattle 98116-3522 Amount of Each Receipt this Period FEC ID number of contributing C 4.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self/ CareBrigade LLC Patient Educator/ Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 1901.50 Other (specify) 254.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7